

## **DIRECTOR'S ADVISORY COUNCIL SPECIAL SESSION SUMMARY**

### **August 31, 2011**

#### **Placement of State-level AOD Functions**

- Substance use disorder (SUD) could get lost in a large department; issues relevant to SUD may not be considered within an organization with competing priorities and a broader scope of responsibility.
- The expertise that exists within the Department of Alcohol and Drug Programs (ADP) may be lost in the transition of ADP's functions to other agencies.
- Eliminating the Drug Medi-Cal (DMC) carve-out system may have its benefits, including SUD being at the table when policy decisions are being discussed.
- The ability to negotiate and communicate the State's needs to the federal government may be negatively impacted by these transitions; 58 counties, 58 different processes with no single contact State representative.

#### **Compliance**

- Realignment may make it more challenging for the state to comply with the mandates established by the *Sobky vs. Smoley* case (855 F. Supp. 1123 (E.D.Cal. 1994)), which established injunctions to help ensure the State's system of distribution of methadone maintenance treatment through the counties complies with the provisions of the Medicaid Act.
- Counties do not have Electronic Medical Records and, with the exception of Los Angeles, do not have computer systems that are HIPAA compliant.

#### **Funds**

- Under realignment, there is no provision for growth of DMC. Historically, DMC has grown \$15 million each year.
- Counties are being given too much flexibility in the way they can use realigned funds. Without protections for treatment and prevention services, counties may make political decisions that do not properly deal with actual SUD services.

#### **Timing**

- The timeline to implement realignment is problematic. Three months offers counties little flexibility on how to set up programs; there is a huge learning curve and no county is ready for realignment.

## **Native American Tribes**

- The State is required to consult with Tribes on matters that will impact services to Tribal governments.
- Currently counties include their Native American population in the population count upon which their allocations are based, but counties do not ensure that the alcohol and other drug (AOD) service needs of their Native American communities are addressed.
- Tribes have issues getting counties to collaborate with them on service delivery. There is currently a lack of culturally appropriate services available to Tribal communities.
- Native American constituents feel they've invested significant time and energy into building a relationship with ADP and will now have to start over.
- Realignment may result in the elimination of assistance and funding to Tribes.

## **Service Access and Delivery**

- The input and needs of underserved populations may not be considered or made a priority by the counties and/or state agency(ies) to which ADP's functions are transferred.
- The transfer of the DMC program and proposed elimination of ADP could result in a reduction of SUD services and coordination of SUD and mental health issues and services.
- County control of DMC could reduce the consistency in which the program is administered across the state.

## **Questions**

- What will the counties' role be in the new system?
- Will counties be responsible for oversight of service delivery?
- Will the funds provided by the State to counties be sufficient?
- How does the Driving Under the Influence Program fit into healthcare reform and how will clients get services?
- What is the goal of the transfer of DMC, Realignment and the proposed elimination of ADP? Is it to save money, eliminate bureaucracy, get ready for healthcare reform?

## **Recommendations**

- In the case that a new department or division is established to include administration of SUD and mental health functions, the term "behavioral health" should not be used to describe this department/division. SUD is considered a "medical disease." It is inappropriate to include it in a behavioral health category.
- A new department should be created that has a more patient-centered approach to care which is holistic and inclusive.

- It is premature to break up the pieces; it would be better to keep the SUD programs administered by ADP together as they transition to another agency.
- Ensure that there is a SUD State Medical Director.
- Assure that communication with, and the SUD services offered to, Native American Tribes by ADP remain intact.
- Ensure that the ADP Director's Advisory Council and the ADP Constituent Committees remain intact.
- The function of counselor certification should go to the Department of Consumer Affairs.
- There should be State oversight of drug courts.
- Existing ADP employees should be retained by whatever department their functions go to.